



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

**REQUEST FOR INFORMATION
FOR
COVID-19 Pfizer Vaccine Healthcare Facility/Pharmacy Redistribution**

**RFI # 34349-50322
June 14, 2021**

1. STATEMENT OF PURPOSE:

The State of Tennessee, DEPARTMENT OF HEALTH (TDH), Tennessee Vaccine-Preventable Diseases and Immunization Program (VPDIP) issues this Request for Information (“RFI”) for the purpose of scanning the healthcare marketplace to find out what services and price range are offered for repackaging COVID-19 Pfizer vaccine and redistributing it to providers enrolled in the CDC COVID-19 Vaccination Program with the State of Tennessee, Department of Health. We appreciate your input and participation in this process.

2. BACKGROUND:

The VPDIP Program has enrolled approximately one thousand six hundred fifty providers (1650) in the CDC COVID-19 Vaccination Program. Over half of these enrolled providers are not ordering the vaccine due to the large number of minimum doses they are required to receive at one time. To remove this barrier, CDC allows states to create a depot with the COVID vaccine. A depot is when a facility receives the Pfizer vaccine and stores it according to the Emergency Use Authorization. The depot will receive Pfizer vaccine orders from providers and then deliver vaccine orders via courier within forty-eight (48) business hours. By depotting, providers will be able to receive Pfizer vaccine allocations as small as one vial at a time.

2. COMMUNICATIONS:

2.1. Please submit your response to this RFI to:
Tara Roark, Sourcing Account Specialist
Central Procurement Office
Rosa Parks Ave., Nashville, TN 37243
615 532 1837
Tara.Roark@tn.gov

2.2. Please reference RFI #34349-50322 with all communications to this RFI.

3. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		June 14, 2021
2.	RFI Response Deadline	2:00 PM	June 28, 2021

4. GENERAL INFORMATION:

- 4.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 4.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- 4.3. The State will not pay for any costs associated with responding to this RFI.

5. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #34349-50322

TECHNICAL INFORMATIONAL FORM

1. RESPONDENT LEGAL ENTITY NAME:

2. RESPONDENT CONTACT PERSON:

Name, Title:

Address:

Phone Number:

Email:

1. Vendor Background and Experience:

Describe up to three (3) projects in which your company has provided vaccine or pharmaceutical delivery services. Projects should have been implemented within the last three (3) years. For each project, describe:

- a. Client Name
- b. Brief description of the project
- c. Size of the project in terms of: # providers served, # daily deliveries
- d. Reporting systems used
- e. Adherence to CDC, HHS or other federal guidelines (lists standards and guidelines).
- f. The services and activities that your company performed for the project and the activities that the customer performed.

2. Describe how you would plan and staff a Pfizer vaccine depot in Tennessee to redistribute vaccine to healthcare providers.

3. Describe how your ability to document inventory and vaccine transfers into an internal state system and report any temperature excursions to the VPDIP program.

4. Describe your vaccine management plan for storage onsite and during transport. How will you maintain the refrigerated vaccine cold chain during transport? Please indicate the maximum time vaccine can be maintained at these temperatures during transport.

5. Describe how quickly your company would be able to initiate this program.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):

2. Describe the typical price range for similar services or goods

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: